

# Announced Care Inspection Report

## 3 March 2021



## Dalriada Urgent Care Dental Clinic

**Type of Service: Independent Hospital (IH) – Dental Treatment**

**Address: 20 Larne Road Link, Ballymena, Antrim BT42 3GA**

**Tel No: 028 2566 3520**

**Inspector: Carmel McKeegan**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



In respect of dental practices for the 2020/21 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key patient safety areas:

- management of operations in response to the COVID-19 pandemic;
- management of medical emergencies;
- infection prevention and control (IPC);
- decontamination of reusable dental instruments;
- governance arrangements and review of the report of the visits undertaken by the Registered Provider in line with Regulation 26, where applicable; and
- review of the areas for improvement identified during the previous care inspection (where applicable).

## 2.0 Profile of service

Dalriada Urgent Care Dental Clinic is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with a dental treatment category of care. The practice has one registered dental surgery and provides general dental services.

The practice is located within Dalriada Urgent Care. Dalriada Urgent Care provides a range out of hours medical services to include a Health and Social Care Board (HSCB) out of hours dental clinic. The practice has a service level agreement with the HSCB to provide the out of hours dental service. The practice has two dental surgeries, one of which is registered with RQIA and used to provide private dental care and treatment and the second surgery is only used for the out of hours service and therefore is not required to register with RQIA.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Dalriada Urgent Care Ltd  <b>Responsible Individual:</b> Mrs Ann Convery	<b>Registered Manager:</b> Mrs Ann Convery
<b>Person in charge at the time of inspection:</b> Mrs Ann Convery	<b>Date manager registered:</b> 22 August 2016
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> One

## 4.0 Inspection summary

We undertook an announced inspection on 03 March 2021 from 10:00 to 11:30.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DoH) Minimum Standards for Dental Care and Treatment (2011).

The purpose of this inspection was to focus on the themes for the 2020/21 inspection year. A poster informing patients that an inspection was being conducted was displayed during the inspection.

We found evidence of good practice in relation to the management of medical emergencies; infection prevention and control; decontamination of reusable dental instruments; the practice's adherence to best practice guidance in relation to COVID-19; and governance arrangements.

Prior to the COVID-19 pandemic patients accessed the practice via the Dalriada Urgent Care premises. We were told that when the practice was preparing to recommence dental treatment they agreed with the HSCB that they could use the out of hours dental surgery and that they could make structural changes to the premises to create a new entrance. It was agreed that these changes would be temporary in response to the COVID-19 pandemic. A new entrance door was made so that patients could access the practice directly and a temporary internal hallway was created to connect the second dental surgery with the practice. We discussed the use of the second dental surgery and the structural changes made to the building since our previous inspection and advised that a retrospective variation to registration application should be submitted to RQIA. On 15 March 2021 a variation to registration application was received by RQIA. This application was to increase the number of dental chairs from one to two and for the structural changes made to the building.

As the alterations had already been completed we reviewed the arrangements associated with the variation to registration application, to increase the number of dental chairs from one to two, and the structural changes to the premises during this inspection.

Following our inspection we reviewed additional documents associated with the variation to registration application which were provided to RQIA as requested. Further information is provided in section 6.5 of this report.

The variation to registration application was approved from a care perspective following this inspection.

Mrs Gemma McDermot, RQIA estates support officer, reviewed matters relating to the premises and requested specific documents to be submitted to RQIA. Overall approval of the variation application is also dependent on the estate inspector's assessment and Mrs Convery and the Clinical Director for Dalriada Urgent Care Ltd will be informed in due course.

No immediate concerns were identified regarding the delivery of front line patient care.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Areas for improvement</b>	<b>0</b>	<b>0</b>

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the Clinical Director, Dalriada Urgent Care Ltd as part of the inspection process and can be found in the main body of the report. A quality improvement plan (QIP) was not generated as a result of this inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 03 September 2019

The most recent inspection of the establishment was an announced care inspection.

### 4.3 Review of areas for improvement from the last care inspection dated 03 September 2019

There were no areas for improvement made as a result of the last announced care inspection.

### 5.0 How we inspect

Before the inspection, a range of information relevant to the practice was reviewed. This included the following records:

- notifiable events since the previous care inspection;
- the registration status of the establishment;
- written and verbal communication received since the previous care inspection; and
- the previous care inspection report.

We issued posters to the practice prior to the inspection inviting patients and staff to complete an electronic questionnaire. Returned completed patient and staff questionnaires were analysed prior to the inspection and are discussed in section 6.9 of this report.

We undertook a tour of the premises, met with Mrs Ann Convery, Responsible Individual; the Clinical Director; two dentists and a dental nurse; and reviewed relevant records and documents in relation to the day to day operation of the practice. The Clinical Director facilitated the inspection.

The findings of the inspection were provided to the Clinical Director at the conclusion of the inspection.

Following the inspection the variation to registration application and supporting documents were reviewed.

### 6.0 Inspection findings

#### 6.1 Management of operations in response to the COVID-19 pandemic

We discussed the management of operations in response to the COVID-19 pandemic and the application of the Health and Social Care Board (HSCB) operational guidance with Mrs Convery, the Clinical Director and staff. We found that COVID-19 policies and procedures were in place in keeping with best practice guidance.

#### **Areas of good practice: Management of operations in response to COVID-19 pandemic**

We confirmed the practice had identified a COVID-19 lead; had reviewed and amended policies and procedures in accordance with the HSCB operational guidance to include arrangements to maintain social distancing; prepare staff; implement enhanced infection prevention and control procedures; and the patient pathway.

## Areas for improvement: Management of operations in response to COVID-19 pandemic

We identified no areas for improvement regarding the management of operations in response to the COVID-19 pandemic.

	Regulations	Standards
Areas for improvement	0	0

### 6.2 Management of medical emergencies

We reviewed the arrangements in place for the management of medicines within the practice to ensure that medicines were safely, securely and effectively managed in compliance with legislative requirements, professional standards and guidelines and we found them to be satisfactory.

We found that medicines were stored safely and securely and in accordance with the manufacturer's instructions. We confirmed that all emergency medicines as specified within the British National Formulary (BNF) for use in the event of a medical emergency in a dental practice were available. We also confirmed that all emergency equipment as recommended by the Resuscitation Council (UK) guidelines were available.

We noted a robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date and were ready for immediate use in the event of a medical emergency.

We spoke with staff who told us the management of medical emergencies was included in the staff induction programme and that training was updated on an annual basis in keeping with best practice guidance. We reviewed training records and evidenced that staff last completed medical emergency refresher training on 02 March 2020. We were told that medical emergency training was in the process of being booked for 2021. We found that the previous training included first aid and scenario-based exercises that simulated medical emergencies that have the potential to occur in a dental practice. These included; anaphylaxis; asthma; cardiac emergencies; myocardial infarction; epileptic seizures; hypoglycaemia; syncope; choking and aspiration; and adrenaline insufficiency.

Staff who spoke with us demonstrated a good understanding of the actions to be taken in the event of a medical emergency and were able to identify to us the location of medical emergency medicines and equipment. Staff told us that they felt well prepared to manage a medical emergency.

We were satisfied that sufficient emergency medicines and equipment were in place and staff were well prepared to manage a medical emergency, should this occur.

### Areas of good practice: Management of medical emergencies

We reviewed the arrangements in respect of the management of a medical emergency and confirmed that the dental practice takes a proactive approach to this key patient safety area. This included ensuring that staff had the knowledge and skills to react to a medical emergency, should it arise.



## Areas for improvement: Management of medical emergencies

We identified no areas for improvement regarding the management of medical emergencies.

	Regulations	Standards
Areas for improvement	0	0

### 6.3 Infection prevention and control (IPC)

We reviewed arrangements in relation to IPC procedures throughout the practice to evidence that the risk of infection transmission to patients, visitors and staff was minimised. We undertook a tour of the premises including the second dental surgery, the new entrance area and the newly created hallway. We found that all areas of the practice were well maintained and fully equipped to meet the needs of patients.

We reviewed both dental surgeries and noted flooring in the surgeries was impervious and coved where it meets the walls; cabinetry was compliant with best practice providing seamless surfaces conducive to effective cleaning practices.

We found both dental surgeries and the decontamination room were clean and tidy. Work surfaces in all areas were intact and uncluttered.

We observed that a dedicated hand washing basin was provided in both surgeries and noted that laminated/wipe-clean posters promoting hand hygiene were displayed close to the hand washing basins. We observed that adequate supplies of liquid soap, disinfectant rub/gel and paper towels were in place.

We noted that sharps boxes were safely positioned to prevent unauthorised access; these had been signed and dated on assembly. Staff told us that used sharps boxes will be locked with the integral lock and stored ready for collection away from public access.

We observed that clinical waste bin in each surgery was foot operated in keeping with best practice guidance. We confirmed that appropriate arrangements were in place for the storage and collection of general and clinical waste, including sharps waste.

Staff told us that the dental chair in the second surgery operates an independent bottled-water system which is subject to the same disinfection and maintenance regime as the other dental chair in the practice. We confirmed that the dental unit water lines (DUWLs) were being appropriately audited and managed.

Staff who spoke with us confirmed that Infection Prevention Society (IPS) audits were completed in a meaningful manner and the process involved all dental nurses on a rotational basis. Staff told us that the outcome of the audit was discussed during regular staff meetings. We confirmed that should the audit identify areas for improvement, an action plan would be generated to address the issues identified and that the IPS audit will be completed every six months.

We confirmed that conventional needles and syringes were used by dentists, when administering local anaesthetic, as opposed to using safer sharps. Safer sharps should be used so far as is reasonably practicable. We confirmed that a risk assessment had been

undertaken, by the dentists who do not use safer sharps, and an action plan developed to address any issues identified.

We confirmed that arrangements were in place to ensure that staff received IPC and COVID-19 training commensurate with their roles and responsibilities. Staff who spoke with us demonstrated good knowledge and understanding of IPC procedures.

We established that personal protective equipment (PPE) was readily available in keeping with best practice guidance. A higher level of PPE is required when dental treatment using aerosol generating procedures (AGPs) are undertaken including the use of FFP3 masks. An FFP3 mask is a respirator mask that covers the mouth and nose of the wearer. The performance of these masks depends on achieving good contact between the wearer's skin and the mask. The only way to ensure that the FFP3 mask offers the desired level of protection is for the wearer to be fit tested for a particular make and model of mask. We reviewed the fit testing records and confirmed that the appropriate staff had been fit tested for FFP3 masks.

We confirmed one new clinical staff member commenced work the week previous to this inspection. We reviewed the personnel records regarding this staff member and confirmed that records were retained to evidence their Hepatitis B vaccination status. We noted these records had been generated by an occupational health (OH) department. The Clinical Director told us that all newly recruited clinical staff members, who were new to dentistry, would be automatically referred to OH.

### **Areas of good practice: Infection prevention and control**

We reviewed the current arrangements with respect to IPC practice and evidenced good practice that was being actively reviewed.

### **Areas for improvement: Infection prevention and control**

We identified no areas for improvement regarding IPC.

	<b>Regulations</b>	<b>Standards</b>
<b>Areas for improvement</b>	<b>0</b>	<b>0</b>

## **6.4 Decontamination of reusable dental instruments**

We observed a decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. We evidenced the decontamination room facilitated the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments.

We found arrangements were in place to ensure staff received training in respect to the decontamination of reusable dental instruments commensurate with their roles and responsibilities.

The processes regarding the decontamination of reusable dental instruments were being audited in line with the best practice outlined in HTM 01-05 using the IPS audit tool. We reviewed the most recent IPS audit, completed during September 2020 and found that the audit had been completed in a meaningful manner and had identified areas of good practice.



We found that appropriate equipment, including a washer disinfectant and two steam sterilisers had been provided to meet the requirements of the practice. We established that equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination. Equipment logbooks evidenced that periodic tests were undertaken and recorded in keeping with HTM 01-05.

We found staff were aware of what equipment, used by the practice, should be treated as single use and what equipment was suitable for decontamination. We confirmed that single use devices were only used for single-treatment episodes and were disposed of following use.

A review of current practice evidenced that arrangements were in place to ensure that reusable dental instruments were appropriately cleaned, sterilised and stored following use in keeping with the best practice guidance outlined in HTM 01-05.

### **Areas of good practice: Decontamination of reusable dental instruments**

We found the current arrangements evidenced that best practice, as outlined in HTM 01-05, was being achieved in respect of the decontamination of reusable dental instruments. This included proactively auditing practice, taking action when issues were identified and ensuring staff had the knowledge and skills to ensure standards were maintained.

### **Areas for improvement: Decontamination of reusable dental instruments**

We identified no areas for improvement regarding the decontamination of reusable dental instruments.

	<b>Regulations</b>	<b>Standards</b>
<b>Areas for improvement</b>	<b>0</b>	<b>0</b>

## **6.5 Additional areas examined**

### **6.5.1 Radiology and radiation safety**

We reviewed the arrangements in relation to radiology and radiation safety in the practice. We confirmed that each surgery was equipped with an intra-oral x-ray machine.

We confirmed that the Clinical Director is the radiation protection supervisor (RPS) for the practice. Discussion with the Clinical Director identified that he was aware of the relevant legislation surrounding radiology and radiation safety. We reviewed records and confirmed that a radiation protection advisor (RPA) and medical physics expert (MPE) had been appointed.

We found a dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. We evidenced the file included details of both x-ray machines and records had been signed by all staff to confirm they had read the contents. Review of this file evidenced that the Clinical Director, as the RPS, regularly reviews the information contained within the file to ensure that it is current.

We confirmed that the appointed RPA completes a quality assurance check every three years. A review of the report of the most recent visit by the RPA on 11 November 2019, demonstrated that the recommendations made had been addressed.

We evidenced that arrangements were established to ensure both x-ray machines were serviced and maintained in keeping with the manufacturer's instructions.

Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

We confirmed that all dentists take a proactive approach to radiation safety and protection by conducting a range of audits, including x-ray quality grading and justification and clinical evaluation recording.

Review of records evidenced that the Health and Safety Executive had been formally notified that x-ray producing equipment had been installed in the premises in keeping with legislative requirements.

### **6.5.2 Statement of purpose**

We confirmed that a Statement of Purpose was prepared in a recognised format which covered the key areas and themes outlined in regulation 7, schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. The document had been updated to reflect the proposed additional dental chair.

### **6.5.3 Patient Guide**

We found the Patient Guide was available in a recognised format which covered the key areas and themes specified in regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. The document had been updated to reflect the proposed additional dental chair.

## **6.6 Visits by the Registered Provider (Regulation 26)**

Where the business entity operating a dental practice is a corporate body or partnership or an individual owner who is not in day to day management of the practice, unannounced quality monitoring visits by the Registered Provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. We established that Mrs Convery was in day to day charge of the practice, therefore the unannounced quality monitoring visits by the Registered Provider were not applicable.

## **6.7 Nitrous oxide risk assessment**

Nitrous Oxide is therapeutically important in the delivery of inhalational sedation for the provision of certain procedures, or the treatment of particular individuals. On 6 September 2017 the Northern Ireland Adverse Incident Centre (NIAIC) issued an alert about the risks associated

with nitrous oxide waste gases. This alert included specific actions to be taken by practices offering inhalational sedation.

On 3 February 2021 the Public Health Agency in conjunction with the HSCB issued a reminder of best practice guidance with regard to the NIAIC alert issued on 6 September 2017.

We were informed that inhalation sedation is not offered in the practice and should they offer inhalation sedation in the future they will adhere to best practice guidance as specified in the NIAIC alert.

### 6.8 Equality data

We discussed the arrangements in place regarding the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. Staff demonstrated that equality data collected was managed in line with best practice.

### 6.9 Patient and staff views

The practice distributed questionnaires to patients on our behalf and three patients submitted responses to RQIA. We found all patients felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients indicated that they were very satisfied with each of these areas of their care. Additional comments included in submitted questionnaire responses indicated that patients were highly satisfied with the dental care and treatment provided by Dalriada Urgent Dental Care Ltd.

Four staff submitted questionnaire responses to RQIA. We found all four staff members felt that patient care was safe and effective, that patients were treated with compassion and that the service was well led. Staff also indicated that they were very satisfied with each of these areas of their care. An additional comment included in a submitted staff questionnaire response indicated that staff felt the practice provided a good service.

### 6.8 Conclusion

The variation to registration application to increase the number of dental chairs from one to two and to alter the structure of the premises to create a new entrance and internal hallway has been approved from a care perspective. This variation has yet to be approved from an estates perspective and Mrs Convery will be informed when the estates inspector has approved this variation.

### 6.9 Total number of areas for improvement

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>0</b>

## 7.0 Quality improvement plan

We identified no areas for improvement and a QIP is not required or included, as part of this inspection report.



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